

2011 JUN -2 AM 9:12

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT

- ORIGINAL REPORT
 AMENDED REPORT

This Report Covers Calendar Year: 2010

I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.
As such, I have completed Schedule E.

Name of Filer (print full name) CLOVIS S. BURCH
Address (residence) 526 RIVES PLACE
City, State, Zip SHREVEPORT, LA 71106

Name of Board/Commission (NO ABBREVIATIONS) LOUISIANA STATE BOARD OF PHARMACY
Date of Appointment: 8-25-2010
Date Appointment Expires: 8-25-2016

Name of Spouse (print full name) DECEASED
Spouse's Occupation _____
Principal Business Address _____
City, State, Zip _____

CHECK ONE:

- Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.
 I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

- I have filed my state income tax return for the previous year.
 I have filed for an extension of my state income tax return for the previous year.
 I have filed my federal income tax return for the previous year.
 I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.



Signature of Filer

Schedule A: Employment Information

Check if not applicable

Filer Spouse Full-Time Part-Time

Name of Employer: BURCH FARM, LLC

Job Title: OWNER / MGR

Job Description: MANAGER

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

Filer Spouse Full-Time Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Schedule C: Positions - Business

Check if not applicable

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: PILL BOX PHARMACY DBA/MEDIC PHARMACY

Address: 1849 LINE AVE

City, State, Zip: SHREVEPORT, LA 71101

Business Description: RETAIL PHARMACY

Nature of Association: PHARMACIST

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 20 %

Name of Business: LUCA ENTERPRISES DBA/MEDIC'S COMPOUNDING PHARMACY

Address: 1847 LINE AVE

City, State, Zip: SHREVEPORT, LA 71101

Business Description: RETAIL COMPOUNDING PHARMACY

Nature of Association: PHARMACIST

Filer Spouse Both

Amount of Interest (where interest exceeds 10%): 20 %

Name of Business: MEDRX INC DBA/MEDIC SPECIALTY PHARMACY

Address: 745 OLIVE ST. SUITE 201

City, State, Zip: SHREVEPORT, LA 71104

Business Description: RETAIL PHARMACY

Nature of Association: PHARMACIST

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

Schedule C: Positions - Business

Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>100</u> % Name of Business: <u>BURCH FARM, LLC</u> Address: <u>526 RIVES PLACE</u> City, State, Zip: <u>SHREVEPORT, LA 71106</u> Business Description: <u>TREE FARMING</u> Nature of Association: <u>MANAGER</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): <u>20</u> % Name of Business: <u>BURCH REAL ESTATE, LLC</u> Address: <u>1847 LINE AVE</u> City, State, Zip: <u>SHREVEPORT, LA 71101</u> Business Description: <u>REAL ESTATE MANAGEMENT</u> Nature of Association: <u>MANAGER</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (where interest exceeds 10%): _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____

* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

Schedule D: Positions - Nonprofit

Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse Name of Organization: _____ Address: _____ City, State, Zip: _____ Nature of Association: _____ Description of Organization: _____

*You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.

Schedule E: Other Offices/Positions Held

Check if not applicable

Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.3.

* "Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.

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Schedule F: Contributions

Check if not applicable (Made within one year of appointment - in excess of \$1,000)

Date of Appointment: <u>8-25-10</u>
Compensation: \$ <u>DAILY PER DIEM</u>
Candidate Name: <u>BOBBY GINDAL</u>
Amount of Contribution and/or Loan: \$ <u>1000</u>
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution and/or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution and/or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution and/or Loan: \$ _____
Date of Appointment: _____
Compensation: \$ _____
Candidate Name: _____
Amount of Contribution and/or Loan: \$ _____

* You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution in excess of \$ 1,000 to campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Public Office" means any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters, except the president or vice president of the United States, presidential elector, delegate to the political party convention, U.S. Senator, U.S. Congressman, or a political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

* "Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.